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<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>  <input type="checkbox"/> Declaration Submitted with Initial Filing      OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	<b>Attorney Docket Number</b>	
	<b>First Named Inventor</b>	B. PIGNOL
	<b>COMPLETE IF KNOWN</b>	
	<b>Application Number</b>	/
	<b>Filing Date</b>	
	<b>Art Unit</b>	
	<b>Examiner Name</b>	

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

USE OF A PHENOTHIAZINE DERIVATIVE FOR PREVENTING AND/OR TREATING  
HEARING LOSS

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY)

03/25/2005

as United States Application Number or PCT International

Application Number **PCT/FR2005/000713** and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

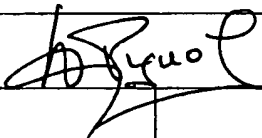

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
0403203 0406404	France France	03/29/2004 06/14/2004	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

**DECLARATION — Utility or Design Patent Application**

Direct all correspondence to: <input type="checkbox"/>		Customer Number or Bar Code Label	<input type="checkbox"/>	OR	<input type="checkbox"/>	Correspondence address below
Name <b>HUNTON &amp; WILLIAMS</b>						
Address <b>1900 K Street, NW</b>						
City <b>WASHINGTON</b>			State <b>WASHINGTON, DC</b>		ZIP <b>20006-1109</b>	
Country <b>U.S.A.</b>		Telephone <b>(202) 955 1500</b>			Fax <b>(202) 778 2201</b>	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.						
NAME OF SOLE OR FIRST INVENTOR :			<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any]) <b>Bernadette</b>			Family Name or Surname <b>PIGNOL</b>			
Inventor's Signature 			Date <b>30/08/06</b>			
Residence: City <b>PARIS</b>		State		Country <b>FRANCE</b>		Citizenship <b>French</b>
Mailing Address <b>39 rue de Pommard</b>						
City <b>PARIS</b>		State		ZIP <b>F-75012</b>		Country <b>FRANCE</b>
NAME OF SECOND INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any]) <b>Jean-Luc</b>			Family Name or Surname <b>PUEL</b>			
Inventor's Signature 			Date <b>03/08/06</b>			
Residence: City <b>COURNONTERRAL</b>		State		Country <b>FRANCE</b>		Citizenship <b>French</b>
Mailing Address <b>Lotissement Le Ramassol - 1 Plan du Milouin</b>						
City <b>COURNONTERRAL</b>		State		ZIP <b>F-34660</b>		Country <b>FRANCE</b>
<input checked="" type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.						

Please type a plus sign (+) inside this box → ☐

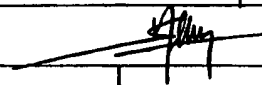

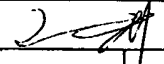
PTO/S&M2A (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> <b>Supplemental Sheet</b> Page <u>1</u> of <u>1</u>
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Serge		AUVIN	
Inventor's Signature 		Date <u>30/08/06</u>	
Residence: City PALAISEAU	State	Country FRANCE	Citizenship French
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Mailing Address			
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Pierre-Etienne		CHABRIER de LASSAUNIERE	
Inventor's Signature 		Date <u>30/08/2006</u>	
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Mailing Address 134 quai Louis Blériot			
Mailing Address			
City PARIS	State	ZIP F-75016	Country FRANCE
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Jing		WANG	
Inventor's Signature 		Date <u>03/08/06</u>	
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Mailing Address 12 rue des Bonnes Gens			
Mailing Address			
City LUNEL	State	ZIP F-34400	Country FRANCE

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